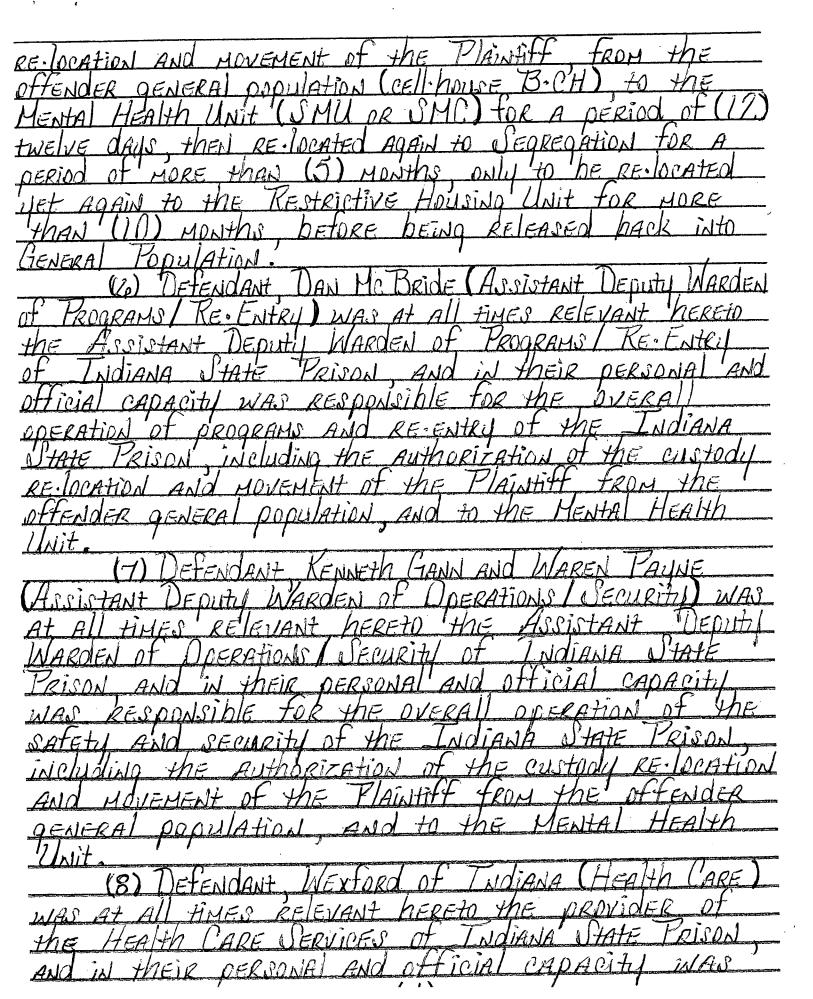
COMOVICIA DOLCKIOUR DE CITO DE LOCUENTE	
MR. NEWKIRK (CIRIEVANCE DUDERVISOR)- 1	
Ofc. Chanta DWENS. Ofc. T. GARCIA.	
Lt. K. St. Martin : Lt. M. Itodo: And	
INDIANA DEPARTMENT OF JOCIAL A	A.S.
HEALTH DENICES (AGENCY RESPONSIBLE)	
for the operation of the prison):	
DEFENDANTS, IN their personal and	
official capacities.	
(Defendants)	

COMES NOW the Plaintiff, Guetis F. C) AMPIECIR. # 891829, DRO SE
and pursuant to the provisions of I.C. 34.13.3.1 Et. SEQ
FILES his complaint against DETENDENTS NAMED MEREIN. IN
support of said complaint the Plaintiff would respectfully
show the following:
Still file to the
A. Plaintiff
Plaintiff Curtis F. Sample c R. #891829 DRO SE is CURRENTLY
NOW CONFINED At the INDIANA STATE PRISON IN MICHIGAN
City Indiana and have been confined at the Indiana
State Prison in Michigan City Indiana at the time of
SAID COMPLAINT AT HAND THE THORANA NEATE PRISON IS AN
facility by way of background is operated managed and
is under contract by the Indiana DEPARTMENT of
CORRECTIONS. THERE ARE NO OTHER Plaintiff'S INVOLVED IN SAID
COMPLAINT. Plaintiff Attempted to RESOVE the SAID COMPLAINT
by way of filing "SEVERAL" FORMAL CIRIEVANCES INCLUDING
The state of the s
Attached) in which no Administrative Remedy was reached. The Grievance are #97763 (Dubject: Operations Institutional—
JAFETY CANITATION, ENVIRONMENTAL CONNITIONS # 977/00 (Dubject:
Description Chylkonmental Confirming of Theory and St.
Operations Tustitution - Other Operations; and # 1016054
Clubject: Operations, Institution - Dafety, Canitation, Environmental
Conditions). Including Medical Health CARE FORMS (which is
Also Attached). Request for Health CARE ARE ISP Nº 0079
63: 15P Nº 017259; AND 15P Nº 017261. Unbstandard
lighting; unsatisfactory plumbing; substandard fire pre-
VENTION; SUBSTANDARD FOOD SERVICE; VERMIN INTESTATION;
iNAdequate VENTILATION; SAFETY MAZAROW IN THE OCCUPATIONAL
AREAS! UNAVAILABLE OR INACEQUATE CELL CLEANING SUPPLIES.
These conditions falls below minimum standards of

decency and conditions of confinement and violates the plaintiffs' Eighth Amendment Rights, which is in fact unconstitutional.
plaintiffs' Eighth AMENDMENT Rights, which is in fact
UNCONSTITUTIONAL
B. DEFENDANTS
(1) DEFENDANT, INDIANA DEPARTMENT OF CORRECTION WAS AT
All times RELEVANT hereto of the Indiana State PRISON
AND IN their DERSONAL AND OFFICIAL CADASITIL WAS
RESPONSIBLE FOR the Administrative TROCEDURES MANUAL
OF Policies AND PROCEDURES OF THE INDIANA STATE PRISON!
(2) DETENDANT, TIDIANA STATE PRISON WAS AT All TIMES
RELEVANT MERETO OF THE LNOVANA WHATE PRISON AND IN
HIEIR DERSONAL AND OFFICIAL CAPACITY WAS RESPONSIBLE FOR the CONFINEMENT CONDITIONS, Shelter AND SANIFATION OF
TOR the CONTINEMENT CONDITIONS, Whelter AND VANITATION OF
the Indiana State Prison.
(3) DEFENDANT, GOVERNOR OF TNOTANA (ERIC HOLCOMD) WAS
At All times relevant hereto of the Indiana State Prison,
AND IN THEIR PERSONAL AND OFFICIAL CAPACITY WAS RESPONSIBLE
FOR the OVERALL OVER-SEEING OF THE COMMISSIONER OF INDIANA STATE PRISON.
CARTER (R.) WAS AT All TIMES RELEVANT HERETO OF THE
INDIANA STATE PRISON AND IN THEIR DERSONAL AND OFFICIAL
CADACITAL WAS RESPONSIBLE FOR THE OVERALL OPERATION OF
the Indiana Department of Corrections, including the
INDIANA STATE PRISON.
(3) DEFENDANT RON NEAL (WARDEN) WAS AT All TIMES
RELEVANT HERETO THE WARDEN OF INDIANA STATE PRISON.
And in their personal and official capacity, was
RESPONSIBLE FOR THE OVERALL OPERATION OF THE INDIANA
State Prison including the Authorization of the cell



RESPONSIBLE FOR the OVERALL OPERATION OF the HEAlth
TARE DERVICES OF LIDIANA OTATE PRISON INCIDIANTY THE
dENIAL OF MEDICAL TREATMENT throughout the (12) day
ADMITTANCE ON the MENTAL HEAlth Unit, EVEN ATTER
the Plaintiff complained about being bitten by
INSECTS AND A VERMIN which RESINTED IN A SKIN
RASM:
(9) DEFENDANT, MR. Bodlovich (Supervisor of Classification)
WAS AT All TIMES RELEVANT MERETO THE SUPERVISOR OF
Classification of Indiana State Prison and in their
PERSONAL AND OFFICIAL CAPACITY WAS RESPONSIBLE FOR the
CLASSIFICATION PROCESS AND PROERWORK AT TNOIGNA
State PRISON INCLUDING that of the Plainfiff. (10) DEFENDANT MARK NEWKIRK GRIEVANCE Specialist
SUDERVISOR) WAS AT All TIMES RELEVANT hereto the
SUPERVISOR OF tHE GRIEVANCE PROCESS OF INDIANA STATE
PRISON AND IN their DERSONAL AND Official CAPACITY
WAS RESPONSIBLE FOR THE OVERALL OPERATION OF THE
GRIEVANCE ORDCESS OF INDIANA STATE PRISON, INCLUDING
All of the denials' of the Plaintiff's grievances that
ARE ATTACHED.
(11) DEFENDENT NEC. ShANTA DWENS (CORRECTIONAL LITC.)
WAS At All times relevant hereto the Correctional
Officer of Indiana State Prison, And in their
PERSONAL AND OFFICIAL CAPACITY WAS RESPONSIBLE TOR
the inmates within B. CEllhouse, of Indiana State
PRISON ON the MORNING OF SAID COMPLAINT. ITC. WHANTA
INENS ALSO WAS UN FRUITING AND DER UN TRUTTINESS
RESUltED IN the Plaintiff ExpERIENCING the COMPLETE
NATURE OF SAID COMPLAINT, INCLUDING AN CRIMINAL
(12) DEFENDANT OFC. TERRIE GARCIA (CORRECTIONAL)
Ofc.) WAS AT ALL TIMES RELEVANT MERETO THE CORRECTIONAL

HAZAROW: AND VENTILATION AND AIR Flow of the Indiana
HATARON: AND VENTILATION AND AIR Flow, OF the INDIANA STATE PRISON.
C. Nature of the Case
This is the Plaintiffs' "core complaint" filed against
the Detendants in their personal and official capacity for
their Negligence in Continement Conditions: Cruel and Unusual
PUNISHMENT: MEDICAL TREATMENT: UN-NECESSARY ROUGHNESS
(UN: NECESSARY AND WANTON INFlictiON OF PAIN); Shelter
AND VANITATION: THADEQUATE FOOD: INADEQUATE / ighting:
Plumbing: VERMIN: FIRE SAFETY: VENTILATION AND AIR Flow;
JAFETY HAZAROS AND HEALTH PARE, by failing to MAINTAIN
SANITARY CONDITIONS AT THORANA STATE PRISON, WITHIN THE MENTAL HEALTH UNIT (SMU) DISCIPLINARY SEQUEDATION
Unit (IDU), AND RESTRICTIVE HOUSING UNIT (D. CH), Which
is operated and MANAGED by the Tudiana DEDARTMENT of
Social And Health Services and Indiana State Prison.
UNDER the CONTRACT OF the Indiana DEPARTMENT OF
CORRECTIONS.
INDIANA State PRISON has a notice within the MENTAL
HEAlth DEPARTHENT (UNIT (SMU) of NOT PROVIDEND PRISON
INMATES " PROPER DESIGNOS CELL CLEANING SUPPLIES PLUMBING
EXCERCISE OUTSIDE OF THE LIVING AREA ADEQUATE VENTUATION.
AND ADEQUATE FOOD. [NOTEAD, THE PLAINTITT WAS FORCED to
DE subjected to such conditions for (12) stepint days,
AND UDECAUSE the holding cells has bodily truids (such
AS NOMIT, 6/000 , TECES AND WRINE) THAT ARE PRESENT ON
the floor and walls of the holding cells within the
MENTAL HEALTH UNIT ME PLAINTITT WAS TORCED TO SLEEP
ON SOAKED AND STAINED MATTRESS WITH NO HEDDINGS.
EVEN ATTER THE PLAINTIFF COMPLAINED ADOUT CONDITIONS

to a constitutional violation. However, U.S. Const.
AMEND. VIII ENTITIES INMATES IN A DENAL INSTITUTION
to AN ADEQUATE LEVEL OF DERSONAL SAFETY. This is
CONFINEMENT, CANNOT PROVIDE FOR THEIR OWN SAFETY.
CONFINEMENT, CANNOT DROVIDE FOR THEIR OWN SAFETY
FAMURE TO PROVIDE ACCOURTE CEIL CLEANING SUDDIES
DEDRIVES INMATES OF TOOK NECESSARIL TO MAINTAIN
MINIMALLY SANITARY CELLS, SERIOUSLY THREATENS THEIR HEAlth, AND AMOUNTS TO A VIOLATION OF THE Eighth AMENOMENT. Also, THE LACK OF ADEQUATE VENTILATION AND
MEAITH, AND AMOUNTS to A VIOLATION OF THE Eighth
HMENOMENT. HISO, the lack of Adequate VENTILATION AND
AIR TIUW UNDERMINES THE MEALTH OF INMATES AND THE
SANITATION OF A PENITENTIARY. THE AREAS OF SHELTER,
SANITATION TOOK DERSONAL SATETY AND MEDICAL CARE ARE
THE CORE AREAS IN ANY U.U. CONST. AMEND. VIII CLAIM.
HOLEQUATE Clothing is Also A CORE AREA OF CONSIDERATION
IN CAUSE CONST. AMEND. VIII CLAIM. PLAINTIFF IS
ENTITLED to be continied in an environment which does
Not RESULT IN his degeneration or which threatens
his MENITAL AND PHYSICAL WELL BEING. U.S. CONST.
AMENIO. VIII AND XIV REQUIRE A STATE TO
PROVIDE A INMATE WITH SUCH LIVING SPACE REASONABLY
MATERIALS AND Utilities (i.e. hot and dold
MATERIALS AND UtilitiES (i.E. hot And cold
ANDERSON SURRA 564 F. 2d At 403 PRISON
Authorities acted Malicia Id and padietically too
The seal of the se
PLACING KIM WITHIN THE CONFINED CELL ON THE
MENHAL HEALTH PLANT (MIN)
- TOMIT TIONITI CINIT ON TOTAL
C(1) INADEQUATE / inhting
And the second s
Adequate lighting is one of the fundamental
The state of the s

Attributes of "Adequate shelter" Required by the Eighth AMENDMENT. The lighting At INDIANA State Prison within the Mental Health Unit (SMI), violated the
AMENDMENT IS BASED UPON that the (24) hour lighting caused Eyestrain and Fatique, and hindered attempts to insure sleep and rest.
C(2) Plumbing
Plumbing At Indiana State Prison within the MENHAL HEAlth Unit (SMU), is in such disrepair AS to deprive Plaintiff of pasic elements of hygeine,
AND SERIOUSLY threaten his physical AND MENTAL WELL. BEING. JUCK CONDITIONS AMOUNT TO CRUE! AND UNUSUAL PUNISHMENT UNDER THE Eighth AMENDMENT. RAMOS V.
ZAMM, 10 Cir. 1980, 639 F. 2d 559 567-69; GATES V. Collier, 5 Cir. 1974, 501 F. 2d 1291, 1300-03.
C(3) VERMIN
There is a vermin (HICE) infestation at Indiana State Prison within the Mental Health Unit (SMU), Restrictive Housing Unit (D.CH), and throughout the prison. It concluded that such a condition is
inconsistent with the adequate sanitation required by the Eighth Amendment. The health hazard caused by VERMIN (MICE) At the DENITENTIARY IS EXACERBATED by
CHICE) INTESTATION PROPERTY CONSIDERED IN THE LIGHT OF UNSANITARY CONDITIONS SUCH AS FLOODED TOLIETS AND SINKS AND DANK AIR IS AN UNINECESSARY AND
AND SINKS, AND DANK AIR IS AN UN-NECESSARY AND WANTON INFLICTION OF PAIN PROSCRIBED BY THE EIGHTH AMENDMENT.

C(4) Fire Safety
The substandard fire prevention at Indiana
STATE PRISON WITHIN THE MENTAL HEALTH LINIT (NM/1)
RESTRICTIVE HOUSING Unit (D.CH) And throughout, the
PRISON ENDANGERED THE PRISONERS' LIVES AND THERETORE
violeted the Eighth AMENDMENT. PRINDNERS have the
Right NOT to be subjected to the UNREASONABLE THREAT
of inivery or deathy by fire and NEED NOT Wait UNTIL
ACTUAL CASUALTIES OCCUR IN DROTER TO DETAIN RELIET
FROM Such CONditions. LEEDS V. WATSON 9 Cir. 1980,
CONFINED by the State have a constitutional Right
to safe conditions of ponfinement. Not every deviation
FROM ideally safe conditions amounts to an
CONSTITUTIONAL VIOLATION. HOWEVER U.S. CONST. AMEND.
VIII ENTITLES INMATES IN A PENAL INSTITUTION to AN
ADEQUATE LEVEL OF DERSONAL SAFETY. This is REQUIRED
" DECAUSE INMATES, BY REASON OF THEIR CONTRINEMENT,
CANNOT PROVIDE FOR MEIR OWN SAFETY.
(5) VENTILATION AND AIR Flow
The look of advante will love and ois flat
At TNOIGNA State PRINCE Within the MENTA HEALTH
At INDIANA STATE PRISON WITHIN THE MENTAL HEALTH UNIT (SMU) RESTRICTIVE HOUSING UNIT (D.CH) AND
throughout the prison undermines the heath of
INMATER AND THE SANITATION OF THE DENITENTIARY,
SEE RAMOS SUDRA 639 F. 2d At 569.
C(6) INANFONATE CELL CLEANING UNPPLIES
Failure to nominal ademiate nell pleaning

Supplies at Indiana State Prison within the Mental Health Unit (SMIL), under circumstances such as these deprives inmates of tools necessary to maintain minimally sanitary cells, seriously inreatens their mealth and amounts to a violation of the Eighth Amendment. See Ramos, supra, 1039 F. 2d at 570.
C(7) SAFETY HAZAROS
TERSONS INVOLUNTARILY CONFINED BY the State MAVE A CONSTITUTIONAL RIGHT TO SAFE CONOTIONS OF CONTINE. MENT. SEE YOUNDERD V. KOMED. 1982, 457 V.S. 307 315-Vo, 73 V.Ed. 2d 28 102. S. P.T. 2452: CANTANA V. COLLAZO. I CIR. 1983. 714 F. 2d 1172. 1183. Not every deviation from ideally safe CONDITIONS AMOUNTS TO A CONSTITUTIONAL VIOLATION SEE E.G., SANTANA AT 1183. HOWEVER, THE EIGHTH AMEND. MENT ENTITIES INMATES IN A DENAL INSTITUTION TO AN ADEQUATE LEVEL OF DERSONAL SAFETY. This is REQUIRED DECAUSE INMATES BY REASON OF THEIR CONTINEMENT, CANNOT PROVIDE FOR THEIR DWN SAFETY. VANTANA SUPRA, 714 F. 2d AT 1183. SEE ALSO ESTELLE V. GAMBLE 19710, 429 U.S. 97 AT 103-04, 50 L. Ed. 2d 251, 97 S. Ct. 285.
C(8) Shelter and Sanitation
The huilding (G. DORM) At Indiana State Trison, which is the Mental Health Unit (SMU) that houses SMU inmates are in a serious state of disrepair and fail to meet the minimal health and safety needs of the

rentilation systems are incapable of providing Adequate
TEMPERATURE CONTROL AND VENTILATION IN THE WIMU.
LNADEQUATE VENTILATION, ESPECIALLY IN THE CELLS AND
Showler AREAS RESULT IN EXCESSIVE DOLORS HEAT IN
SNOWERS AND LOW TEMPERATURE IN CELLS, AND
humidity with the Effect of creating stagnant, air
AS WELL AS EXCESSIVE MOLD AND FUNDUS ORDWHY
thereby facilitating personal disconfort along with health and sanitation problems, which when is combined with the temperature control and ventilation
health and sanitation problems which when is
COMBINED with the TEMPERATURE CONTROL AND VENTILATION
PROBLEMS, MAKE the SMU (MENTAL HEAlth UNIT) living AREA PARTICULARLY UNFIT FOR NUMBER habitation.
AREA PARTICULARLY UNTIT FOR NUMAN NADITATION.
IN Addition, there is AN extensive proplem
WITH ROUENT AND INSELT INTESTATION IN THE MENTAL
HEAlth Unit (SMU), RESTRICTIVE HOUSING UNIT (D.CH), AND
throughout Indiana State Prison. Trash, decayed food
AND other MATERIAL ROUTINELY LITTER THE MENTAL HEAlth
Unit (SMIL) AND RESTRICTIVE HOUSING UNIT (D.CA) CELLS,
AND RANGES. MEVERTHELESS, MANY OF THE HEAlth AND
SANITATION deficiencies are "the result of a lack of
ROUTINE MAINTENANCE AND CLEANING PROGRAMS." THE
MENTAL ABRITA UNIT (DMU) INMATES ARE NOT PROVIDED
WITH CLEANING MATERIALS AND SUPPLIES TO Allow them to
ACEONATELY CLEAN THERE OWN CELLS. THE MATTRESSES ON
THE MENTAL FREALTH LINIT COMUDIS MEAULU STAINED
AND SOURD AND IS NOT CLEANED OR CHANGED WHEN A
NEW INMATE IS ASSIGNED TO A CEll.
D (O)
$\frac{1}{1}$
The State was considered in the same
"bralibil babilitative subject of The With A
- VIL-12 CET 11 1 VICIVILLE LATES VAN LEX LATES AND LAX LATES TO 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1/19 1/1

	Ily adequate tood that is prepared
AND SERVED UNDER	conditions which do NOT PRESENT
AN IMMEDIATE DAN	DER to the hEAlth AND WELL BEING
IF the INMATES WI	TO CONSUME IT. VEF. E.G. PALMIGIANO
1. GARRAHU SUPRA	1 443 F. Supp. At 962 979:
LAAMAN V. HELGEM	DE SUDRA 437 F. SUPP. At 309
323 · Pugh V. Loc	KE 406 F. Supp. 318, 329 (M.D.
AlA.): NEWMAN I	1. Alabama 438' U.S. 915, 98 S.
Ct. 3144, 57 L.	Ed. 2d 1160.
<u>(' (///)</u>	HEAlth CARE
	has a constitutional obligation "to
provide Medical cap	RE FOR those whom it is punishing
by iNCARCERATION."	
103, 97 S. Ct. 2	285, 290, 50, L. Ed. 2d. 251.
1 1 1 1	ily REQUIRES that the State "MAKE
AVAILABLE TO INMA	ED AG /EVEL OF MEDICAL CARE Which
	igned to meet the routine and the
	CARE NEEDS OF INMATES. " DAHLE
Y. ANDERSON, 37	Le F. Supp. 402, 424 (E.D. OklA.).
	FERENCE TO SERIOUS MEDICAL NEEDS
~	DRISON OFFICIAL HAVE PREVENTED AN
	ENVING RECOMMENDED TREATMENT OR
	S devied ACCESS to MEDICAL PERSONNE
	Ating the NEED FOR TREATMENT. NEE,
E.Q., INMATES OF	Allegheny Cty. Jail V. PIERCE,
SUPRA 612 F.	2d At 762; TodARD V. WARD,
565 F. 2d 48	,52 (2d Cik.). BECAUSE INMATES

·
EVINCE ON the part of the State a deliberate
indiffERENCE to the SERIOUS health NEEDS OF the DRISON
manufaction The Plate has subjected the invate to
CRUEL AND MANUSMAL DUNISHMENT IN that it MAS DENIED
CRIVEL AND UNUSUAL PUNISHMENT IN THAT IT MAS DENIED WITH ACCESS TO REASONABLY ADEQUATE HEATH CARE.
D. CIRCUMSTANCES
ON JUNE 24 2017 AT ADDROXIMATED 12: 50 A.M.
the Plaintiff was AWAKEN by CORREctioNAL DIFFICER
Shanta DWEND, so that the Plaintiff could go to work.
ON the above said date and time the Plaintiff then
WAS RESIDING IN CELL-house B CELL-location 4/1 (South)
Within Indiana State Prison. The Plaintiff also had
A job WORKIND IN the P.D.R. (RITCHEN). IN which the
. UtiME for work for the plaintiff would be atter
THE 1: A.M. COUNT CLEARS, Which is USUALLY SOME.
TIME AROUND 1: A.M. to 1: A.M SO WHEN
OFFICER ShantA DWEND OWERVED that the plaintiff was
Still ASTEED NATURALLY SHE AWAKEN THE PLAINTIFF.
LINCE LIFFICER SPANTA FIWENS AWAREN THE PLAINTITY
I MEN MANKED MER AND DREPARED FOR WORK,
THE PlAINTIFF "QUICKLY" MADE MIS NORMAL ERRANDS YHAT
DE CONDUCTOR OBETORE LEAVING TO WORK FACE MORNING.
LINCE THE ERRANDS WAS COMPLETE, THE PLAINTIFF LEFT
TOR WORK
MOON READING WORK THE PLAINTIFF CHECKED
IN TO THE ANNIQUED CORRECTIONAL LITTLES WILL
IN ASPIGNED TO THE 100 DETAIL TOR THE FILE KO
Which the little of ANNIONED WHO LONG TEMING
INCE THE PLAINTIFF CHECKED IN WITH LIFTICER TOSHIA
TO THE TOTAL STATE OF THE PROPERTY OF THE PROP

nurse in which plaintiff was told to fill out a health
CARE FORM ANDOUGH REDNESS AND SWELLNESS WAS
CLEARLY VISIBLE, HOWEVER, PLAINTIFF NEVER FILLED OUT AN
health care torm because pen and paper is not
Allowed within the NMU CEIS. UN LUNE 29 2011 AND
July 3, 2017 the plaintiff was bitten yet again by
INSECTS OR SPIDERS THIS TIME A "RASH" by CAUSED
FROM BEING bitten. YET Again the plaintiff was denied
MEDICAL ALTENTION. THESE IN SANITARY CONDITIONS CONTINUED
throughout the plaintiff's SMU confinement.
DN July 6, 2017, the plaintiff WAS RELEASED FROM THE CONFINEMENT OF SMU IN MENTAL HEAlth and
TROM the continement of SMU in MENTAL HEAlth and
WAS placed in the Disciplinary Degregation (I.D.11.) in which the plaintiff immediately filled out an health care form in regards to the shoulder and
IN which the plaintift immediately tilled out an
MEATH CARE TORY IN REGARDS TO THE SMOULDER AND
insect swelling and eash that was inflicted by the
MSECT AND SPIDER AND Also SQT. I HODD. Plaintit
Also immediately began the Grievance process in
REGARDS to the SMU TIVING CONDITIONS (SEE AHACKED GRIEVANCES AND HEAlth CARE FORM).
Deficer Shanta Durens acrused the plaintiff of
alleved a sexual associations for the decided the suit
Working of Tidinia State Voice I and house later
HOWEVER DUE to Slow the DUEND ANEDATIONS THE
plaintiff was confined in the Mental Health I mit
FOR 12 HALLS THEN DIAGED IN SEDEFRATION IN Which
the plaintiff was terated inhumanely This SMIT
holding cell was much different than and holding
CELL THAT TEVER SEEN hETORE. THIS holding CELL
ONLY CONTAINED AN VIDEO CAMERA METAL SLAD WITH
AN soiled AND STAINED, MATTRESS AND A HOLIET THAT
ONLY FlushEd with the Assistant of a Staff or
OCK: DED

THE DENDOAME

and inhumane conditions at Indiana State Prison
with the MENTAL HEATTH Unit (SMI) DISCIPLINARY
SEGREGATION UNIT (I.D.11.) And RESTRICTIVE HOUSING
Unit (1). CH) the plaintiff endured and suffered
NUMEROUS INSECTS AND SPIDER BITES Which CAUSED
SIGNITICANT SWELLING AND RASHS THAT NEEDED TO DE
treated by MEdical, Also plaintiff lost beyond A
NOT TO MENTION THE UNWANTON INFLICTION OF
NOT to MENTION the UNWANTON INTLICTION OF
PAIN CAUSED BY NOT. M. ItOdo due to
UNONECESSARY ROUGHNESS. Plaintiff Also suffered
"dizziness", due to lack of sleep and water,
because of the (24) hour A day flourescent
lighting AND NO ACCESSABLE WATER OUTSIDE FROM
ME NHAH
WitNESSES: (1) Plaintiff: (2) DEFENDANTS; (3)
GRIEVANCE FORMS: (4) HEALTH CARE FORMS: (5) SMILL.
CELL SURVEILANCE VIDEO CAMERA: (6) DOCUMENTED
DED MOVEMENT Sheet: (8) AND ANDMORNICE PARTIES.
LEU MUVEMENT DITEET; (8) AND HNUMOHNUE PARTIEN,
E. AROUMENT
Defendants had an obligation to maintain
"SANITARIL AND HUMANE CONDITIONS" WITHIN THE INDIANA
StatE PRISON INSIDE THE MENTAL HEAlth UNIT (SML)
Disciplinary Housing Muit (T.D.) AND RESTRICTIVE
HAUSIND UNIT (DOCH) FURTHERMORE DEFENDANTS
Also had AN ObligATION OF NOT DETAINING DIAINTIFF
IN SMU holding cell without the opportunity
FOR AT LEAST ONE (1) hour of EXERCISE outside of

PRISON

the detendants were negligent in correcting conditions
and tailed to act upon correcting the problem.
AND FAILED tO ACT UPON CORRECTING the problem
days until the plaintiff's relocation to the
Disciplinary Segregation Unit (I.D.U.) At Indiana
State PRISON. UNDER SIMILAR CIRCUMSTANCES AND
CONDITIONS SEE: Flood, 270 F.R.D. 413: 2010 UNS.
Dist. Lexis 70858 And Blinovde, 219 F.R.D.
At Collo AND DUNN, 231 F.R.D. At 377 AND
FARMER V. BRENNAN, 511 U.S. 825, 834, 114
J. Ct. 1970 128 1. Ed. 2d 811 (1994) Alm
RETER to the INDIANA DEPARTMENT OF CORRECTIONS
DISCIPLINARY PROCESS FOR HOW'T LIFTENDERS POLICY
02.04.101 (M. 1 4hrough 7 AND N.).
DEFENDENTS by their NEGLIGENCE EXPOSED THE
DEFENDANTS, by their negligence exposed the plaintiff to the danger of diseases and health
problems due to the inhumane and un-sanitary
CONDITIONS, by their failure to follow REASONABLE!
PROCEDURES, to ENSURE PROPERTY MAINTAINED SAFE,
THE CONDITIONS OF CONFINEMENT CONSTITUTED CRUEL AND
THE CONDITIONS OF CONFINEMENT CONSTITUTED CRUEL AND
UNUSUAL PUNISHMENT IN VIOLATION OF the Eighth
AND FOURTEENTH AMENDMENTS. THE DRISON OFFICIALS
had failed to take proper REMEDIAL ACTION AFTER
DEING NOTIFIED OF THOSE CONDITIONS PRISON OFFICIALS
Acted MAliciously And SAdistically for the VERY
DURPOSE OF CAUSING MARM to the plaintiff by
placing him within that confined CELL ON SMUL At
INDIANA STATE PRISON.
F. Inpulies

Plaintiff suffered "swellen tenderness throbbing and redness" which was caused by Sqt. I todo uninecessary roughness and infliction of inhalanton paint, which resulted in the plaintiff receiving X-rays to his right shoulder area stot. Thoso forcefully showed the plaintiff into the fence post as the plaintiff was handcuffed from behind, as plaintiff was heing escorted to the Medical Unit tor screening before peing contined in the Mental Health Unit (SMU). Plaintiff also suffered numerous insects and spider bites that caused swelling redness, pain and a rash" while the plaintiff was in the inhumane conditions in the continement of the Mental Health Unit (SMU). The plaintiff was in the inhumane conditions in the plaintiff was in the inhumane conditions in the plaintiff was in the flents for the rash and spider and insects bites (see health care forms attached). Plaintiff also suffered "dizziness night and day chills" due to the lack of clothing bedding and reaningful sleep and rest that was caused by the (24) hour a day illuminating belong by the (24) hour a day illuminating at Indiana State Peison. These conditions had lasted for (12) days straight from June 24, 2017. (i. Relief As a result of the pain and suffering in which the plaintiff endured, as a suffering in the interest and a suffering in the suffering in the suffering in the suffering in the suffering i	· ·
AND REDUESS" Which WAS CAUSED by Jot. Itodo UNIVERESTARY ROUGHNESS AND INTICTION OF INMANTON PAIN, Which RESULTED IN the plaintiff RECEIVING X. RAYS to his Right shoulder AREA Stot. Itodo torcefully shoved the plaintiff into the fence post AS the plaintiff was handcuffed from behind, as plaintiff was being escorted to the Medical Unit for screening, before being contined in the MENHAL HEAlth Junit (SMI). Plaintiff also suffered NUMEROUS INSECTS AND SPIDER bites that caused Swelling reduess, pain and a rash while the plaintiff was in the inhumane conditions in the confinement of the Hental Health Turit (SMI). The plaintiff received anti-biotics for the rash and spider and insects bites (see health care forms Attached). Plaintiff also suffered "dizziness night And day chills" due to the lack of clothing bedding and meaningful sleep and rest that was caused by the (24) hour a day illuminating bedding and meaningful sleep and rest that was caused by the (24) hour a day illuminating beight florescent light and constantly cold temperature in the Mental Health Unit (SMI) At Indiana State Prison. These conditions had lasted for (12) days straight from June 24, 2011 throughout cludy (c, 2017. Heroughout cludy (c, 2017.	Plaintiff suffered "SWELLEN TENDERNESS THROBBING
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	WHICH THE PLAINTIFF ENGURED, AN A RESULT OF THE

PONTINEMENT CONDITIONS, CRUEL AND UNUSUAL PUNISPIMENT,
MEDICAL TREATMENT, SMELTER AND SANITATION, INADEQUATE
tood AND lighting denial of EXERCISE DENIAL bt
legal MATERIALS AND VISITS VERMIN THE SWELLING
CORPORAL PUNISHMENT MENTAL ABUSE hUMILIATION,
deprading and punitive interference with the
daily Functions of living (such as sleeping AND
EATING) DECAUSE OF the defendants NEgligENCE
plaintiff seek declaratory and insulative relief
plaintiff seek declaratory and injunctive relief, as well as \$600,000 in compensatory and punitive damages.
QUALITIME DAMAGES
PANTITIC OFTIMAGED.
Respectfully Submitted
Profin P. Comolo 10
Guntin 7. Sample dr. Gurtin F. Dample dr. Plaintiff
OURTO F. TAMPIE CIR.
PIHINTITT,
0.00
HFFIRMATION
T. hereby affirm under the penalties for periury that the foregoing representations are true and correct.
PERIURU that the FOREGOING REPRESENTATIONS ARE
TRUE AND CORRECT!
Eintin 7. Sample (1).
CIRTIS F. SAMPLE CIR.
Plaintiff

UNITED STATES DISTRICT COURT				
NORTHERN DISTRICT OF INDIANA				
HAMMOND DIVISION				
Curtio F. Sample CR. Petitioner, Petitioner, CAUSE NO.: PRISON; Et. Al. Respondent.				
CERTIFICATE OF SERVICE				
Pursuant to 28 U.S.C. § 1746, I Curtis F. Nample LR. hereby verify under penalty of perjury that a copy of the above and foregoing Prisoner Complaint (1983), has been served upon: District Court Clerk Office Hammond Division 5400 Federal Plaza Hammond, Indiana 46320				
by personally handing the document to the appropriate prison official for placement into the institution's internal mailing system designed for legal mail on this $\cancel{13^{\frac{1}{10}}}$ day of				
institution's internal mailing system designed for legal mail on this 10 day of, 20_19				
Cuntin Hamiple In. Petitioner, pro se				
(Printed Name) (Printed Name) DOC# Indiana State Prison 1 Park Row St. Michigan City, IN 46360				

USDC IN/ND case 2:19-cv-00220-REQUEST FOR HEALTH CARE

State Form 45913 (R3/9-12)

Approved by State Board of Accounts, 2012

ISP

document 1 filed 06/17/11/2NA DEPORT NOT TO SERRECTION

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		TO BE COMPL	ETED BY OFFENDER	
request Health Care S	ervices as follows:			
Sick Call	☐ Dentist	☐ Prescription Refill	☐ Mental Health	Other (specify)
ature of Complaint:				
-T- 1.	• , ,			
1 WES A			4	HU HRH WHY
PAGEN E	W YME	DATE DE	Sit. Arts	E - TUTE & L
NEED	X-RAJES	1 Travel w	mit	
		1		
By my signature, I he	ereby indicate that I	understand that, in accordance	ce with IC 11-10-3-5, I may	be charged \$5.00 for Health Care Services obtained
at my request and \$5 tomatically from my	5.00 for initial <i>(new</i> Trust Fund Accour	 prescriptions. I understand t. I will not receive a receipt f 	that any charge for these s for this withdrawal: howeve	services and/or prescriptions shall be withdrawn au- er, I may review the balance of my Trust Account as
provided by facility p		ic. I will flot resolve a rescipt i	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature of Offender	· · · · · · · · · · · · · · · · · · ·	Printed Name:	DOC Numb	Date Signed: (month, day, year,
Ur 7 7.00	ime L. I	O. CUCTISK. SAMP	IE LIE	31/829 7.6.77
į	1	TO BE COMPLETE	D BY HEALTH CARE ST	TAFE
esponse of Health Ca	re Staff:	TO BE COMIT ELTE	D DT HEAETH CARE ST	
7 11 . 3	0 (6 (`(1, 50	17016.	· · · · ·
ノーリナ	968-	185-79-18-	120/84-19	HI
14:	ICL VOCart	ISME LOTVUS	h	
	1) stoutaine.	(MAC	
7	1 (1)	M. M. M. Calin.		
			•	
		OINTMENT HAS BEEN SC	HEDULED, BE ALERT I	
Signature of Health Car	re Staff:			Date Signed: (month, day, year)
1///				7-11-17
	TO BE 0	OMPLETED BY HEALTH	CARE STAFF/FOR BUS	INESS OFFICE USE
Vas a New Prescription			TOTAL AMOUNT OF	The state of the s
	Yes	□ No		\$ 6 90
Amount of Co-Payment		ealth Care Contact	Signature of Health C	are Staff: Date Signed:(month, day, year
-		ew Prescription		7-11-17
			000	PATIENT IDENTIFICATION
IS	P	97 W (1)	Full Name of Patient:	8000

DISTRIBUTION: White - Health Care Chart Canary - Offender/Business Office

DOC Number:

Date of Birth: (month, day, year)

USDC IN/ND case 2:19-cv-00220-JTM-JPK document 1 filed 06 1 7/diՁกล patage หลังโร อร์ 5% RECTION

State Form 45913 (R3/9-12)

Approved by State Board of Accounts, 2012

Canary - Offender/Business Office

		TO BE COMPL	ETED BY OFFENDER	
I request Health Care Service	ces as follows:			æ
☐ Sick Call	☐ Dentist	☐ Prescription Refill	☐ Mental Health	Other (specify)
Nature of Complaint:	N FRIDA	4. 7.74.	17, I, W	pd X-RAY'S DONE,
ON HU PIC	int show	MOER. I	vould li	RE to RNOW the
RESULTS	DT HU	X·RAYS	PIEASE.	IMANK YOU SO
VERY MIL	<u> </u>	•	-	
,				
at my request and \$5.00) for initial <i>(new)</i> pre st Fund Account. I w	scriptions. I understand t	hat any charge for these se	be charged \$5.00 for Health Care Services obtain ervices and/or prescriptions shall be withdrawn a r, I may review the balance of my Trust Account
Signature of Offender:	mplecal	Pinted Name: FAH	DOC Number	er: 891829 Date Signed; (month day, ye
		TO BE COMPLETED	BY HEALTH CARE ST	AFF
Response of Health Care S	Staff:	<u> </u>	f .	
Perer	2P4D	To Pr	OVINERI	If needled,
X-844	286	N- SAN	CONTIVE	(7-19-17)
1				
	IE AN ABBOW	MENT HAS BEEN SC	HEDULED, BE ALERT F	OR VOUR CALL OUT
Signature of Health Care S		WIENT HAS BEEN SCI	NEDULED, DE ALERI F	Date Signed: (month, day, year)
Track I		۱۱ کیم	PIJ	7/3/3/1
Was a New Base of the B		PLETED BY HEALTH (CARE STAFF/FOR BUSI	
Was a New Prescription Pr	roviaea?		TOTAL AMOUNT OF	CO-PAYMENT:
	☐ Yes ☐ N	lo .		<u> </u>
Amount of Co-Payment:		Care Contact	Signature of Health C	are Staff: Date Signed: (month, day,
	□ \$5.00 New P	rescription	1-2V-	PATIENT IDENTIFICATION
ISP		.59	Full Name of Patient:	amole
	0.0		DOC Number:	718/2
DISTRIBUTION: White - Hea	alth Care Chart		Date of Birth: (month,	day, year)

SDC IN/ND case 2:19-cv-00220-JTM-JPK document 1 filed 06/17/16/19NA paragramment 56 RRECTION

State Form 45913 (R3/9-12)

Canary - Offender/Business Office

Approved by State Board of Accounts, 2012

ISP

11734

		TO BE COMPL	ETED BY OFFENDER			
I request Health Care Ser	vices as follows:					
Sick Call	☐ Dentist	☐ Prescription Refill	☐ Mental Health	Other (specify)		
Nature of Complaint: HI FORT & FO 13 IN EXTREME DAIN & NUMB. I						
Would like to have MY DAIN MEDICATION UNDRADED						
AS SOON	AS SOON AS DOSSIDLE PLEASE. ALSO MIL SPOJINER IS					
still giving ME DROPLEMS & stiffling up on ME.						
EVEN ATTE	K HIE	X. RAY RES	SULTS WEL	RE NEGAT	IVE -	
By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged \$5.00 for Health Care Services obtained at my request and \$5.00 for initial (new) prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.					tions shall be withdrawn au-	
Signature of Offender:	miplecli	Printed Name GAMP	DOC Numb	^{er:} 391829	ate Signed: (month, day, year)	
(1	TO BE COMPLETED	BY HEALTH CARE ST	TAFF.		
Response of Health Care	Staff:		WHE	adam in success anno mais na mais ann an Said (a na 1941) a success (a na 1941) a success (a na 1941) a success	men makan menenggalan di di didakan dan menenggalan di di didakan di	
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Contact 08					, ,	
The state of the s		9/11/7	St. A lov	21670216	1	
		INTMENT HAS BEEN SCI	HEDULED, BE ALERT F			
Signature of Health Care-Staff: Date Signed: (month, day, yes					signed: (month, day, year)	
Was a New Prescription F		OMPLETED BY ĤEALTH C	TOTAL AMOUNT OF			
		7		oo i Aliaziri.	\$	
Amount of Co-Payment:		No	Signature of Health C	are Staff:	Date Signed:(month, day, year)	
2,		alth Care Contact w Prescription	2.5			
PATIENT IDENTIFICATION						
ISF	34	7291	Full Name of Patient:	SHN	inte	
¥.	DOC Number:					
DISTRIBUTION: White - He	ealth Care Chart		Date of Birth: (month,	day, year)	-77) 77	

USDC IN/ND case	2:19-cv-0020 REQUEST FO	RINTER	PRRECTION VIEW	.9 page 34	of 58
TO: Wallen	OFFICE:OFFICE	inces	DATE:	9-3-	13
NAME: Sample	DOC#: 891929	DORM:) 8 - 11 4 ASSIG	NMENT:	
Reason for Request: (be as de					
Need 4	grievance A	spea ()			
					· · · · · · · · · · · · · · · · · · ·
	★★★DO NOT WRITE E				
Action: Mr. Samp	ole, I only see	1 gri	evance e	Ligible	foran
appeal. Please	ole, I only see send that in	indica	iting you	disagr	ee and wix
your signatur	e. Thanks,				
V		_	J. Will	γ_{2n}	
State Form 26025 (D/4 01)		EV.			

USDC IN/ND case 2:1 INDIANA DEPARTMENT OF OR OTRECTION 7/19 page 35 of 58
REQUEST FOR INTERVIEW
TO: MR. C. WALLEN OFFICE: GRIEVANCE SPECIALIST DATE: 4.5-18
NAME: C.7. DAMPLE (R. DOC#891829 DORM: D.E.114 ASSIGNMENT: AB Idle
Reason for Request: (be as definite as possible) GREETINGS "III T AM REQUESTING AN
GRIEVANCE ADDEAL AS SOON AS DOSSIBLE DIEASE, I DISADREE
with the RESults. Thank you so much -
Guntin 7. Samuele In.
★★★DO NOT WRITE BELOW THIS LINE★★★
Action: Mr. Sample please send in the Response Report indicating
your disagreement. Thanks,
State Form 36935 (R/4-91) By:



OFFENDER COMPLAINT - INFORMAL PROCESS LEVEL

State Form 52897 (6-14)
DEPARTMENT OF CORRECTION

INSTRUCTIONS: Offender completes Section I ONLY and returns the form to the Offender Grievance Office for processing.

SECTION 1 - OFFENDER COMPLAINT (To be completed by offender.)				
* Information is required.				
Name of offendar Ourtis F. Sample UR.	DOC number* # 891829			
Dormilory TDU 231. WEST Job. Id	le			
List the department on the name of the staff person(s) about which you are complaining, if any, if S. P. Of C. OWENS - MEDICAL DERT. SMC. & SOT.	TotF. TotE			
Provide a bried explanation of your complaint (Your complaint MUST be legible. Multi-page statements are NOT a ON CO 24-17 I WAS TAKEN TO SMC TOR ALLEGED SE	CCEPTABLE.) VIAL ASSAULTIND MS. DINENS.			
TOR 12 days I was subjected to WhIMANE deploRA	ble + filthy conditions +			
Also was refused cleaning supply's + MEdical treat	ment by Samantha Atter			
DEING bitten by A bun on SMC & Sot. lots-lote 1	atta A othi mar um omighm			
While transporting me to SMC. There was blood hi	MAN FERES, LIRINE, YOM, H.			
SEHEN & other fithy things on the Floor & walls	of this cell.			
Signature of offender 7. Signature of offender 7. Signature of offender 7.	Date (month, day, year)			
Signature of Grievance Specialist upon acceptance	Date received in Grievance Office (month, day, year)			
SECTION 2 - REVIEWING STAFF (To be completed by department head or custody supervisor. Response is due	e within ten (10) working days.)			
	wed the above informal complaint and recommend:			
Printed name				
Resolution (Explain below.) Unable to resolve this informal complaint because: (Explain below.)			
Explanation and how resolved. If unable to resolve, explain why not. (Please write legibly.)				
On 6-25-17 you did have	a Sey Screen			
Completed, you did allow Viral?	by refused			
to answer questions. Please For	ward all other			
issues to cussing				
Signature of staff No. Sheri: Ry, HDB	Date (month, day, year)			
SECTION 3 - ACKNOWLEDGEMENT				
This informal complaint has been resolved as acknowledged by the signatures below. Signature of offender	Date (month, day, year)			
Signature of Grievance Specialist	Date (month, day, year)			
PECTION 4 DISACRETIST				
SECTION 4 – DISAGREEMENT I, the offender, by signing in this section, DO NOT agree with the findings / actions of the informal response listed in Section 2 above.				
Tdisagree with the resolution				
Signature of offender Buttiff 4. Camilia,	Date (month, day, year)			



OFFENDER COMPLAINT - INFORMAL PROCESS LEVEL State Form 52897 (6-14) DEPARTMENT OF CORRECTION

INSTRUCTIONS: Offender completes Section I ONLY and returns the form to the Offender Grievance Office for processing.

SECTION 1 - OFFENDER COMPLAINT (To be completed by a	offender.)			
* Information is required.				
CURTIS F. DAMPLE UR.	DOC number # 891829			
Dormitory TDU · 237 · WEST Job. Tdl	E.			
List the department on the name of the staff person(s) about which you are complaining, if any. 1.5.P. DFC DWENS - MEDICAL DEDT: 5 MC, 4 SQT. 7	Otf. Tott			
Provide a brieflexplanation of your complaint (Your complaint MUST be legible. Multi-page statements are NOT according to 124-17 I WAS TAKEN TO SMC FOR ALFOEDING SEX	ial Assaultino Hs. Dwens.			
FOR 12 days I was subjected to inhumane deplorab	le + filthy conditions +			
Also was retused cleaning supply's + MEDICAL TREATM	ient by Samantha Atter			
being bitten by a bug on SMC & Sat. lotte lott be	moing my ARM into A gate			
The state of the s	MEN FECES, UPINE, JOHN 317,			
SEHEN & other fithy things on the floor of walls a	of this CEll. Date (month, day, year)			
Signature of offender 210710 7.	7. 6.17			
	Dαte received in Grievance Office (month, day, year)			
SECTION 2 – REVIEWING STAFF (To be completed by department head or custody supervisor. Response is due to	within ten (10) working days.)			
I,, have reviewe	ed the above informal complaint and recommend:			
Printed name				
Resolution (Explain below.) Unable to resolve this informal complaint because: (Explain below.)				
Explanation and how resolved. If unable to resolve, explain why not. (Please write legibly.)				
On 6-25-17 you did have 0	L Sen Screen			
Completed, you did allow Virals	to refused			
to answer questions. Please forward all other				
is over to cooky				
Signature of staff	Date (month, day, year)			
M D. Sher, FO (Ru, H)B	7-14-17			
SECTION 3 - ACKNOWLEDGEMENT				
This informal complaint has been resolved as acknowledged by the signatures below.				
	Date (month, dey, year)			
Signature of Grievance Specialist	Date (month, day, year)			
SECTION 4 - DISAGREEMENT 1, the offender, by signing in this section, DO NOT agree with the findings / actions of the informal response.	nse listed in Section 2 above.			
Tdisagree with the resolution				
Signature of offender Asia to Carron File	Date (month, day, year)			

USDC IN/ND case 2:19-cv-00220-JTM-JPK document 1 filed 06/17/19 page 38 of 58



	FOR	OFFICIAL	USE	ONLY	
Grievance	numb	r		_	na amakaga kukana Karabi nina 1884
	^		_ ~	•	

То:	Facility	Date (month, day, year)
EXECUTIVE ASSISTANT		January Company
From (name of offender and DOC number):		Signature of offender
Implificate Complete C.	声名1967	Similar & Market Commercial
Housing assignment		Date of incident (month, day, year)
TON. 237. Arm		1007 d standard + 4441
Provide a brief, clear statement of your complaint of (NOTE: A Single ONE-sided 8½" X 11" sheet of page 15.	or concern. Include any in	formation that may assist staff in responding to your grievance.
FRANCE PROFESSION	2 -= 1 + 1	pope à cipamine en large de la sant
REPUBES STEPHING HATERIALS	S Success ri	chean this fitting one is not track size
Makan fere & ARME JUNE	r detil i f	tour product of the opening the
thin, hard in the indicate in the second	HEADD VD:	
直接到到一个的风格的	Wilest LD	Les offeed True 1 44 1 8 1954 West
Depoted the following of	the stripping	flucion est in the realisation
	A 150 多性的物	ing will fin and, the control
क द्वीर पुरस्क शिवार जास्य स्थ में स्वीस्त्री भीति सम्बद्धाः स्वरूप		The state of the s
A SHEET AND WHICH THE	I TE NY DE	A To William Mb Mg Mb William 12
ROLLING I HALLI,		the second secon
sa primit for out!		Les Fried Landon (Se la Print)
Tearing of the longer		I surely must be seen for
	•	
State the relief that you are seeking.		
Tak 1 11 = 2. 20	nething.	house the is oxince a second
Fully And Amily No	Part is	LANCE TO BY RECORD OF THE CARD
PROPERTY From March		
is to the second		
All they made for		
Signature of executive assistant		Date (month, day, year)



Signature of executive assistant

FOR OFFICIAL USE ONLY
Grievance number

(177/2

Date (month, day, year)

То:	Facility		Date (month, day, year)		
EXECUTIVE ASSISTANT	Taciny 7		7.27,71		
From (name of offender and DOC number):		Signature of offender			
	.#89 <i>1</i> 829	Euntion 7	: Samuele In.		
Housing assignment	,	Date of incident (month,	day, year)		
IDU-231- WEST		6.24.17	thru 7.6.17		
Provide a brief, clear statement of your complaint of NOTE: A Single ONE-sided 8½" X 11" sheet of page 11.	or concern. Include any in aper may be attached if ne	formation that may assist cessary to explain your gr	staff in responding to your grievance.		
7.6.11, I WRO GULLECTE	d to deplora	DIE & INFILMA	ANE CONditioNS While		
being housed on the Dr	化 Unit in M	lexital HERIAN.	FOR 12 dAUS I WAS		
REFUSED CLEANING SUPPLY'S &	HATERIAIS .	after DEING.	placed & confined in A		
cefused cleaning supplys of deplocable of unespirally	cell within't	his unit. 1	THERE WAS HUHAN FECES,		
UPINE KloDOL JOHITT & SEME	N ON THE Flo	DR3 & WATIS	of this cell. After. I		
WAS CONFINED to this FILTHU	cell bu Sat	MR. DRADER.	Sat, Ms. Wisid & ANOTHER		
UNENEWN Sat I brown	ant these con	ditions to The	of this cell. After, I Sigt. Ms. Wind a Another Sigt., & was told to		
" dEAl with it for NOW & let	THE DEC. WORL	kind the Unit	know about it" which was		
SAID BU SQT. MR. DRAVER	HOWEVER. THE	UNKNOWN SO	t. said . " ha.ha.ha.ha.h.		
SAID BY SQT. MR. DRAGER HOWEVER, THE UNKNOWN SQT. SAID, " ha ha ha ha , welcome to SMC. MUTHAFINER" & left. LATER ON I SOOKE to the Dfc.					
WELCOME to SMC, MUTHAFinka", & left. LATER ON, I spoke to the Dfo. of the Unit, being Dfo. Me. GARCIA OF THESE UN-SANITARY CONDITIONS -					
\$ she told ME that "SMC is different entirely from population, & that I					
was not Allowed anything within that cell, no cleaning supply's or nothing."					
Throughout the 12 days	DN SHE 7	teird NIME	idius of times to tru t		
CLEAN the CELL. hit I	WAR REFUSED	d destied h	y different Ofc.'s a other		
SLAFF MEMBERS.	· ·		J Williams		
CONT TIETESKOL		•			
State the relief that you are seeking.	_				
My Relief that I.	seek is for	WHATES +	D RECENTE CLEANING		
State the relief that you are seeking. My Relief that I SUPPLYS & MATERIALS ON BERAISE INMATES Should UN-SANITARY CONDITION	the SMP	Unit to ele	and their rells with -		
because injustes should	lit hair to	he subject	tEN to dEclopable &		
and a suit self as idilia	10				
UNICHKI CUNUICIUX	10 -				



USDC IN/ND case 2:19-cv-0022 (ngipm-State Prisenment 1 filed 06/17/19 page 40 of 58

RECEIPT - ADMINISTRATIVE REMEDY

Date: 07-AUG-17

From: Vickie Long

ISP

To: Curtis Sample

ISP

DOC#: 891829

Housing: ID-2W-231

Current Facility: ISP

Level: I - Formal Grievance

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW:

Case ID: 97763

Date Received: 07-AUG-17

Response Due: 29-AUG-17

Subject: Operations, Institution-Safety, Sanitation, Environmental Conditions

Indiana Department of Correction

Indiana State Prison

Grievance Response Report 06/17/19 page 41 of 58 SDC IN/ND case 2

Case Log #: 97763

DOC No: 891829

Offender Name:

Curtis Sample

Bldg/Range/Bed: ID-2W-231

Current Facility: ISP

TOPIC: Operations, Institution - Safety, Sanitation, Environmental Conditions

Incident Date: 21-JUL-17

Response

LEVEL Form Issue Date Level Receive Date Response Date I - Formal Grievance 27-JUL-17 07-AUG-17 28-AUG-17

Level Response

Lt. Tatum advised when a SMU cell is occupied by an offender and moves out, the cell is cleaned by the Porters. You are correct when you state that you were refused cleaning supplies. Cleaning supplies are not given to SMC offenders.

Lt. Tatum stated when an offender who is housed in SMC leave his cell to take a shower, porters enter the cell to clean it during that time. Grievance Addressed.

Executive Assistant

Student/Offender

Agree

Disagree

Date



ANACOSE ARTHEN POR CORRECTION document 1 filed OF 12 (12N CEGO AND ERS

OFFENDER GRIEVANCE PROGRAM **GRIEVANCE RESPONSE**

State Form # 45472

97763

TO: OFFENDER NAME AND DOC NUMBER: Sample, Curtis #891829	FACILITY: ISP		GRIEVANCE 07/27/201	
WORK ASSIGNMENT:		HOUSING ASSIC	SNMENT:	
STAFF PERSON(S) CONTACTED IN RI Lt. Christopher Tatum	ESOLVING TI	HIS GRIEVANC	E:	
Lt. Tatum advised when a SMU cell is the Porters. You are correct when you supplies are not given to SMC offende	state that yo	an offender and u were refused	moves out, cleaning su	the cell is cleaned by pplies. Cleaning
BASED ON THE ABOVE FINDINGS, TO PROVIDED:				
Lt. Tatum stated when an offender who the cell to clean it during that time. Gri	evance Addre	essed.	cell to take	a snower, porters enter
Vickie Long	GNATURE OF R	Long		DATE OF RESPONSE: AUSUST 28 ⁴ 2017
F VOLLDO NOT AGREE WITH THE RES	DONGE VOU	MANEME AND	ADDEAT TO	TIME PINIAI

REVIEWING AUTHORITY BY SUBMITTING AN APPEAL TO THE FACILITY EXECUTIVE ASSISTANT WITHIN 5 WORKING DAYS FROM THE RECEIPT OF THIS RESPONSE. V. L.



Signature of executive assistant

FOR OFFICIAL USE ONLY
Grievance number

Date (month, day, year)

To:	Facility		Date (month, day, year)	
EXECUTIVE ASSISTANT	I 57	7	7.28.17	
From (name of offender and DOC number):		Signature of offender		
CURTISF. SAHDLECIR. #	891829	Suntin 7	Dample In.	
Housing assignment		Date of incident (month,	day, year)	
IDU. 231. WES	3t	6.24.17.	6.26.17 \$ Co.27.17	
Provide a brief, clear statement of your complaint (NOTE: A Single ONE-sided 8½" X 11" sheet of page 15.	or concern. Include any ir aner may be attached if ne	nformation that may assist to ecessary to explain your on	start in responding to your grievance. ievance.) D. L. 24.17. I MAS	
Locusing of and SMA - W	he Mental HE	alth Dent hi	Sigt 1) 0,000 50 500 William	
TRANSPORTED TO OTIC IN TI	IE MENUAT ITO	THE DEPT. DU	Sot. DRAGER, Sot. Wind,	
\$ Sigt Idoto. During the	E tRANSPORTAT	IDN TO DMC,	DOT. LOUTO HAD RAN	
the right side of My tox	'so into the.	DATE DOLE À	S WE WERE PASSING	
than the gate, causing my	eight shoulde	R to SLAH INT	to the pole As the day	
continued on - My shoulder	hongy to s	HIFFERI IN A H	enh" Acrista 3:50 ex	
Lin 11:30 All who is in 1005	Sougher sou	THE AGE ALL	redication of SUP	
to 4:30 A.H., WhEN NURSE brought this situation to	HER Attention	TID PRIS DUT - # NURSE S	REMENTION ON SMC, I	
Dut AN HEAlth CARE FORM" &	walted away	FERNI DELL T	First dail T was confused	
MEDICAL ATTENTION. DN 6.21	WITKELL HENRY	hitted by	Soider of ilegat to	
MEDICAL PRICENCION. IN IN 21	DIT JOSE L T	LILLEN DU A	of wind all wind of	
ARM DEGAN to SWELL UP - HET Again I WAS REFUSED MEDICAL ATTENTION &				
told to fill out AN 'HEAlth' CARE FORM. BY the NEXT DAY (6.27.17), A RASH MAD began to form ON MY ARM & When brought to the NURSES Attention. I was				
DEGAN TO TORM ON MY ARM &	WHEN DEDUGH	t to the MUR.	SES ALTERTION L WAS	
DENIEU YET AGAIN. IN 7.4	17, I WAS.	RELEASED FRUM	1 SM2 & finally able to	
put in An HEAlth CARE FOR	i on both sin	tuntions, † see	EN by the Nurse, on,	
17.11-17 (2 WEEKS INTER). AN	X.RAY WAS A	ORDERED & I	WAS tREATED FOR the RASh	
FOR the SpidER OR INSECT DI	te & latel	ORDERED TO PA	14810, MEDICAL FEE, HART	
DROINPRY Would HAVE BEEN	N FREE if I	WAS TAKEN TO	MEdical when I was	
ON SME WHEN the INJURE	. /			
State the relief that you are seeking.	1 4.1			
My REliet is for i	the 990 to 1	PE RE-TUNDED	Chek to My Account	
DECAUSE MY ShouldER IN	IJZY & RASI	1 WAS [FAUST	Ed due to the Statt	
NEGliGENCE. IF I in	las taked to) MEdical w	When the onjury had	
DECURED & While ON	SMC - I	WOULD NE	VER HAD BEEN	
CHARGED the \$10 Medi	cel Bill		back to my account ed due to the Staff when the injury had were had been	



JSDC IN/ND case 2:19-cv-00220ndirwa State Poisenment 1 filed 06/17/19 page 44 of 58

RECEIPT - ADMINISTRATIVE REMEDY

Date: 07-AUG-17

From: Vickie Long

ISP

To: Curtis Sample

ISP

DOC#: 891829

Housing: ID-2W-231

Current Facility: ISP

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW:

Case ID:

97766

Level: I - Formal Grievance

Date Received: 07-AUG-17

Response Due: 29-AUG-17

Subject:

Operations, Institution-Other Operations

Indiana Department of Correction

USDC IN/ND c

SDC IN/ND case 2:19-cv-00220nullavia state Pulsonment 1 filed 06/17/19 page 45 of 58

Offender Grievance Response Report

Case Log #: 97766

DOC No: 891829

Offender Name:

Curtis Sample

Bldg/Range/Bed: ID-2W-231

Current Facility: ISP

TOPIC: Operations, Institution - Other Operations

Incident Date:

Response

LEVEL	Form Issue Date	Level Receive Date	Response Date
I - Formal Grievance	28-JUL-17	07-AUG-17	28-AUG-17

Level Response

According to the Shift report there was no injuries reported.

You will not receive a refund to your Offender Trust Account as you initiated any actions that caused you to be screened by medical. Staff was not in any way negligent and any services you received from medical, you were appropriately charged. Grievance Addressed.

Executive Assistant

Student/Offender

Agree ______ Di

323.1

Date

<u>() (0</u>

Date



INDIANA DEFARTMENT OF CORRECTION document 1 filed 06/17/19 page 46 of 58

WITHIN 5 WORKING DAYS FROM THE RECEIPT OF THIS RESPONSE. V. L.

OFFENDER GRIEVANCE PROGRAM GRIEVANCE RESPONSE

State Form # 45472

97766

ample, Curtis #891829	FACILITY:		GRIEVANCE DATE: 06/27/2017
WORK ASSIGNMENT:		HOUSING ASSI	GNMENT:
TAFF PERSON(S) CONTACTED IN RI hift Report Incident – June 25 th , 2017		IIS GRIEVANO	CE:
ccording to the Shift report there was	no injuries re	ported.	
•			
ASED ON THE ABOVE FINDINGS, TI ROVIDED:			
ou will not receive a refund to your Of ou to be screened by medical. Staff when the screened by medical. Staff when the screen were appropriately charge	vas not in any	way negligent	initiated any actions that caused and any services you received from
RINTED NAME OF RESPONDER: SI Vickie Long	GNATURE OF R	ESPONDER:	DATE OF RESPONSE:

USDC IN/ND case 2:19-cv-00220-JTM-JPK document 1 filed 06/17/19 page 47 of 58

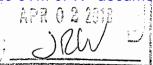
INDIANA DEPARTMENT OF CORRECTION OFFENDER GRIEVANCE PROGRAM GRIEVANCE APPEAL State Form #45473

GRIEVANCE NUMBER:

97766

TO: OFFENDER NAME AND DOC NUMBER	FACILITY:		GRIEVANCE DATE:
Circle F. SAMDLE 1. #891829	T5		7.28.17
HOUSING ASSIGNMENT:	I	DATE GRIEVANC	E RESPONSE RECEIVED:
TDU- 231. West		A1101197	2.8 2.017
		7101000	
REASON FOR AN APPEAL TO THE GRIEVANCE (NOTE: Please ensure that a copy of the original Grappeal when it is submitted.)	rievance, a copy of	-	,
DE SCREENED by HEDICAL &	Staff 1	WAS NOT .	NEGligENT IN ANY WAY."
Also, According to Shift This is Not true — I NET ANY MEDICAL SCREENING.	REPORT IER INITIA	there wa téd anu .	ACTIONS THAT CAUSED
ANY MEDICAL SCREENING	Especiall	y consid	ERING that I WAS
FACT "HEGligeNt". SINCE SOT	Lapto "	DURDOSET	Fully" RAN HE SNED THE
fact "NEgligent". Since Soft gate/fence out of vengeti REPORT WAS REPORTED—	INESS #	to be sp	pitéful. Also injury
T. GAROJA IS A WILDESS TO	NURSE (DORLING. T	THEREFORE MY FUNDS
T. GARCÍA IS A WITHESS TO Should be REIMBURSED TO	My Acid	POUNT.	/
			,
			•
SIGNATURE OF OFFENDER	7 (DATE:
Euntip 7. Damy	OR OFFICIAL	LISE ONLY	1 8.31.17
DATE APPEAL RECEIVED BY EXECUTIVE AS	SISIANI:	DAIEAPPEAL	FORWARDED TO CENTRAL OFFICE:
SIGNATURE OF EXECUTIVE ASSISTANT:			DATE:
DATE RECEIVED IN CENTRAL OFFICE:		NAME OF PER	SON RECEIVING APPEAL:





FOR OFFICIAL USE ONLY
Grievance number

To:	Facility	Date (month, day, year)
Facility Grievance Specialist	I.S.P.	3.28-18
From (name of offender)	DOC number	Signature of offender
CURTISF. SAMPLE C	Jr. #897820	Parting Pamuple (n. Incident (month, det, year)
Prousing assignment	Date of	incuent (month, day, year)
1).E.114	10.7	26.18 * DREVIOUSKI
Provide a brief, clear statement of your complaint (NOTE: A Single ONE-sided sheet of paper may be	or concern. Include any information	n that may assist staff in responding to your grievance. your grievance.)
DN MONDAY, 3.26.2	018, I MEARC	A RODENT INSIDE OF MY
GRAY PROPERTY DOX.	EATING MU COI	MMINGARU. MREVIOUSLU. L
MAVE CAUGHT "NUMER	ous" kodents	INSIDE of this cell with
the paper mouse to	'Aps. HOWEVER	, there are NO MORE of
YMOSE DAPEK HOUSE	trads deing .	155UEA to ottenders — so
theretore, offenders	s ARE TORCED	to deal with the major
INTESTATION OF RODENT	5 throughout	the cell-house which is
MIGHLY UN SANITARY.	I have asked	DUR COUNSELOR & THE
Lt. of this cell-hou.	SE ON NUMERI	OUR COUNSELOR + THE OUS OCASSIONS FOR MOUSE
traps. but I'M to	ld "that there	ARE NO MOUSE TRAPS." I
AM losing Food/com	MINSARU BECAU	SE of these RODENTS. I
have complaiNED abou	it which hut is	t's going unheard. These
and the cost of siles	in the bould	US YUNY ANTIERKA. MESE
RODENTS ARE AN EXTRE	YE NEAIHN N	AZAROI.
		•
Chair the collection of the control of the collection of the colle		
State the relief that you are seeking. PROVIDE THE CELL-NA	USE with HAVE	SE traps, like sanitation lders can at least slow from entering their cells alot—
USE to do . that	MIAIL THE Offen	Ideas ray at least sign
the intestation of or	dente donl	FROM ENTERING WASTERNALLY
& FATILIO 100 COUNTY	CACIL TO Alica	TRUM ENTERING THEIR CELLS
. String up commins	MKY. INANKS	AIDT —

Signature of Facility Grievange Specialist	Date (month, day, year)
	Date (month, easy, year)
	11 0 "
1.101/6.	4-7-10
1 Si Musum	1-2-18



JSDC IN/ND case 2:19-cv-0022010111011011011111 Filed 06/17/19 page 49 of 58

RECEIPT - ADMINISTRATIVE REMEDY

Date: 02-APR-18

From: Joshua Wallen

ISP

To: Curtis Sample

ISP

891829 DOC#:

Housing: DE-DE1- 114

Current Facility: ISP

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW:

Case ID:

101605

Level: I - Formal Grievance

Date Received: 02-APR-18

Response Due: 24-APR-18

Subject:

Operations, Institution-Safety, Sanitation, Environmental Conditions





SDC IN/ND case 2:19-cv-00220 **upin State Risen**ment 1 filed 06/17/19 page 50 of 58

Offender Grievance Response Report

Case Log #: 101605

DOC No: 891829

Offender Name:

Curtis Sample

Current Facility: ISP

TOPIC: Operations, Institution - Safety, Sanitation, Environmental Conditions

Incident Date: 26-MAR-18

Response

LEVEL	Form Issue Date	Level Receive Date	Response Date
I - Formal Grievance	28-MAR-18	02-APR-18	19-APR-18

Level Response

Lt. Connelly states in an email that he had recently received 20 mouse traps and is in the process of handing them out. These are given out in a first come first serve basis.

GRIEVANCE ADDRESSED

__ Agree ____

Page 1 of 1

* USDC IN/ND case 2:19-cv-00220-JTM-JPK document 1 filed 06/17/19 page 51 of 58



From:	Date (month, day, year)
J. Wallen	4-30-18
Name of offender	DOC number
Sample, Curtis	891829
Facility	Housing assignment
ISP	DE-114

THIS ACKNOWLEDGES THE RECEIPT OF YOUR FACILITY LEVEL I APPEAL REQUEST BELOW.

Log identification number	Date (month, day, year)	Response due (month, day, year)
101605	4-30-18	5-7-18

Indiana Department of Correction



SDC IN/ND case 2:19-cv-0022**d^{ny}iana \$114te Paisea**ment 1 filed 06/17/19 page 52 of 58

Offender Grievance Response Report

Case Log #: 101605

DOC No: 891829

Offender Name:

Curtis Sample

Bldg/Range/Bed: DE-DE1-114-

Current Facility: ISP

TOPIC: Operations, Institution - Safety, Sanitation, Environmental Conditions

Incident Date: 26-MAR-18

Response

LEVEL Form Issue Date Level Receive Date Response Date I - Formal Grievance 28-MAR-18 02-APR-18 19-APR-18

Level Response

Lt. Connelly states in an email that he had recently received 20 mouse traps and is in the process of handing them out. These are given out in a first come first serve basis.

GRIEVANCE ADDRESSED

FACILITY APPEAL RESPONSE 4-30-18

Your appeal has been reviewed. Level 1 response is appropriate.

APPEAL DENIED

M. Newkirk for Warden Neal

Executive Assistant Student/Offender Agree . Disagree

Page 1 of 1

JW

TO: MR. C. WALLEN (GRIEVANCE Specialist)
FROM: C.7. DAMPLE (JR. #891829 1).E.114
DATE: MAU 1 2018
GREETINGS :!!! I RECEIVED the (FACILITY Appeal
RESPONSE 4.30.18) to My ORIGINAL GRIEVANCE CASE /1.09
101605. I STRONOLY dISAPREE with the RESPONSE A
would like to procedif to the NEXT LEVEL, PLEASE.
BASICALLY, the FACILITY RESPONSE IS that "they don't
DEALL GODE About UPE INTERPOLATION AT THE POPENTS 8
the rodents being an Safety Sanitation & Environmental Condition issue " because My appeal was denied & All I asked them for was "Mouse Traps."
CONdition issue," DECAUSE MY APPEAL WAS DENIED
* All I ASKED THEM FOR WAS "MOUSE TRAPS."
I PERETORE I AM REQUESTING TO PROCEDE
to the Next level please. Also can you please
Therefore I am requesting to procede to the next level please. Also can upu please send he back a copy of everything for my file please. Thank you so very much ".
PLEASE. THANK YOU'SO VERY MUCH ".
Euntip 7. Dample In.
897829 1D·E·114

USDC IN/ND case 2:19-cv-00220-JTM-JPK document 1 filed 06/17/19 page 55 of 58



APR 3 0 20

FOR OFFICIAL USE ONLY
Grievance log number

Constitution and the State of the Constitution	
Date form sent to offender (month, day, year) April 23 7.018	Date of grievance (month, day, year)
Name of offender	DOC number Facility TSD
Housing assignment,	Date grievance response received (month, day, year)
D.E.114	April 19 2018
within the Facility and the lack contain this un sanitary and her told on the Grievance. Response, "Received (20) Mouse Trans and they come first serve basis." However, this cell house and (20) Mouse Transout of this cell, and Otc. Tyler is in "disagreement" of the Grieva constantly for Mouse Trans and I	that, Lt. Connelly RECENTLY had will be handed out on a first there are over 300 offenciers in will not even supply 1/3 of the tast night I chased 3 rodents a withess to the incident. I an ince Response because I asked still have not received any. Mouse Traps to the and contain
Signature of offender Cuntin 7. Comus	Date signed (month, day, year) 4.23.18
Facility level response:	
Signature of warden / designee	Date signed (month, day, year)
Please check the appropriate box and return this form to the Facility Grievance Specialist.	
Agree with facility appeal response.	
Disagree with facility appeal response. Send appeal to Department Offender Grievance Manager.	
Signature of offender	Date signed (month, day, year)

USDC IN/ND case 2:19-cv-00220-JTM-JPK document 1 filed 06/17/19 page 56 of 58



APR 3 GATE HAY GO 3

Grievance log number

OFFENDER GRIEVANCE PROGRAM	U U U
Pate form sent to offender (month, day, year) April 23, 2018	Date of grievance (month, day, year) MARCN 28 2018
CILREIS F. SAMPLE CR.	$\frac{1}{2}$ $\frac{1}{8}$ $\frac{1}$
Housing assignment	Date grievance response received (month, day, year) April 19 2018
Facility level appeal:	
	Alth hazard situation. I was that Lt. Connelly recently had will be handed but on a first there are over 300 offenders in so will not even supply 13 of the last night I chased 3 rodents a witness to the incident. I an ence Response because I asked is still have not received any. Mouse Traps to tay and contain
Signature of offender Guntin 7. Samu	Date signed (month, day, year) 4, 23, 18
Escility lovel response	
Facility level response: Please see attached	
Signature of warden / designee	Date signed (month, day, year)
h^{\sim}	4 50 (S, year)
Please check the appropriate box and return this form to the Facility Grievance Specialist.	
Agree with facility appeal response.	
Disagree with facility appeal response. Send appeal to Department Offender Grievance Manager.	
Signature of offender 7. Samuple.	Date signed (month, day, year)
· · · · · · · · · · · · · · · · · · ·	The state of the s

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RECEIPT - ADMINISTRATIVE REMEDY

Date: 03-MAY-18

From: Joshua Wallen

ISP

To: Curtis Sample

ISP

DOC#: 891829

Housing: DE-DE1-114

Current Facility: ISP

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW:

Case ID:

101605

Level: II - Formal Appeal

Date Received: 03-MAY-18

Response Due: 04-JUN-18

Subject:

Operations, Institution-Safety, Sanitation, Environmental Conditions

Indiana Department of Correction



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Offender Grievance Response Report

Case Log #: 101605

Bldg/Range/Bed: DE-DE1- 114 **DOC No: 891829** Offender Name: Curtis Sample Current Facility: ISP Incident Date: 26-MAR-18 TOPIC: Operations, Institution - Safety, Sanitation, Environmental Conditions Response Response Date **LEVEL** Form Issue Date Level Receive Date 02-APR-18 I - Formal Grievance 28-MAR-18 19-APR-18 Level Response Lt. Connelly states in an email that he had recently received 20 mouse traps and is in the process of handing them out. These are given out in a first come first serve basis. **GRIEVANCE ADDRESSED** FACILITY APPEAL RESPONSE 4-30-18 Your appeal has been reviewed. Level 1 response is appropriate. APPEAL DENIED M. Newkirk for Warden Neal II - Formal Appeal 01-MAY-18 03-MAY-18 04-MAY-18 Level Response Agree with Facility Level Response. Mouse traps were supplied on a first come first serve basis. Grievance Appeal Denied Mr. T. Cambe Alternate Final Reviewing Authority Policy #00-02-301

Date

Date

Executive Assistant

Student/Offender